

DO NOT FILE THIS COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	10/018026				
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
7	/					57					
8	/					58					
9	/					59					
10	/					60					
11	/					61					
12	/					62					
13						63					
14	/					64					
15	/					65					
16	/					66					
17	/					67					
18	/					68					
19	/					69					
20	/					70					
21	/					71					
22	/					72					
23	/					73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
51						TOTAL IND.					
52						TOTAL DEP.					
53						GRAND					